

## **Refund Application Form-International Students**

Student Name:		Student ID:	
Course:			
Course Start Date	: _		
Date of Withdrawa	al:		
Enrolment status			Please tick box
I have commence	d my course		
I have not commenced my course			
I currently owe fees and want them reconsidered			
I wish to apply for a refund for the tuition fees paid for the course described above and my reasons for applying for a refund are:			
☐ Visa refused prior to orientation date ☐ Provider Default			
☐ Visa cancelled due to actions of the student ☐ Other (please		☐ Other (please sp	ecify below)
Conditions of Ref	<ul> <li>According to the refund policy, the refunds will be paid to the person or organisation that made the original payment. If you would like YCA to transfer the refund amount to you or someone else, please provide the bank details below. YCA will process the refund deducting any commission paid to the education agent.</li> <li>Where the student breaches Yarra College Australia's Policies and Procedures no refund is payable</li> </ul>		

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Bank Details for Refund Processing			
Account Nam	ne:		
BSB:		Account Number:	
Bank Name:			
Swift Code:		IBAN:	
Account Hold	der Addres	s:	
Bank Addres	ss:		
Student Agre		by signing this form, I agree with the condition of refund stated above and YCA defundPolicy.	
Student Sign	ature:		
Printed Name	e:		
Date:			
Processed by	y:		
CEO Signature:			
Printed Name:			
Date:			

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OFFICE USE ONLY		
Refund Application processed?	Yes No No	
Refund Granted?	Yes No No	
Refund Paid and enrolment cancelled	Yes	
Default notification provided to TPS as required	Yes	
Outcome of refund process reported to TPS	Yes No No	
Course code:		
Amount paid:		
Tuition Fee:		
Non-Tuition Fee:		
Receipt number:		
Date of payment: / /		
Course start date:		
Date of the Application:		
Refund amount:		
Comments:		
I confirm that the above-named student has paid the above fee to the YCA. I am satisfied that the College will not provide the service covered by such fee. I am satisfied that the fee was not inappropriately charged.		
Approving officer's name:	Processing date:	

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